

OHA - Drinking Water Program - Turbidity Monitoring Report Form County: Benton

Conventional or Direct Filtration

System Name: Corvallis, City of **ID#:** 41 00225 **WTP-:** WTP - B **Month/Year:** Aug / 2025

Day	12 AM (NTU)	4 AM (NTU)	8 AM (NTU)	NOON (NTU)	4 PM (NTU)	8 PM (NTU)	Highest Reading of the Day 1 (NTU)
1	0.03	0.03	0.03	0.03	0.04	0.03	0.07
2	0.03	0.04	0.03	0.03	0.03	0.03	0.04
3	0.03	0.03	0.03	0.03	0.04	0.04	0.05
4	0.04	0.04	0.03	0.03	0.03	0.03	0.04
5	0.03	0.03	0.03	0.03	0.04	0.04	0.05
6	0.04	0.04	0.04	0.03	0.05	0.04	0.06
7	0.04	0.04	0.04	0.03	0.03	0.03	0.04
8	0.03	0.03	0.03	0.03	0.04	0.03	0.05
9	0.04	0.04	0.03	0.03	0.03	0.03	0.04
10	0.03	0.03	0.03	0.03	0.04	0.03	0.05
11	0.03	0.03	0.03	0.03	0.03	0.03	0.04
12	0.03	0.03	0.03	0.03	0.04	0.03	0.04
13	0.03	0.03	0.03	0.03	0.03	0.03	0.03
14	0.03	0.03	0.03	0.03	0.03	0.03	0.04
15	0.03	0.03	0.03	0.03	0.03	0.03	0.03
16	0.03	0.03	0.03	0.03	0.03	0.03	0.05
17	0.03	0.03	0.03	0.03	0.03	0.03	0.03
18	0.03	0.03	0.03	0.03	0.03	0.03	0.04
19	0.03	0.03	0.03	0.03	0.03	0.03	0.03
20	0.03	0.03	0.03	0.03	0.03	0.03	0.04
21	0.03	0.03	0.03	0.03	0.03	0.03	0.04
22	0.03	0.03	0.03	0.04	0.03	0.03	0.05
23	0.03	0.03	0.03	0.03	0.04	0.03	0.04
24	0.03	0.03	0.03	0.03	0.03	0.03	0.03
25	0.03	0.03	0.04	0.04	0.03	0.03	0.05
26	0.03	0.03	0.03	0.03	0.03	0.03	0.04
27	0.04	0.04	0.04	0.04	0.04	0.04	0.05
28	0.04	0.04	0.04	0.03	0.03	0.03	0.04
29	0.04	0.04	0.04	0.04	0.04	0.03	0.06
30	0.04	0.03	0.03	0.03	0.03	0.03	0.05
31	0.03	0.03	0.04	0.03	0.04	0.03	0.05

Conventional or Direct Filtration

Monthly Summary (Answer Yes or No)

95% of the 4-hour turbidity readings $\leq$ 0.3 NTU?

☒ Yes ☐ No

CT's met everyday?

All Cl2 residuals at entry point $\geq$ 0.2 mg/l?

All the 4-hour turbidity readings $\leq$ 1 NTU?

☒ Yes ☐ No

(see back)

☒ Yes ☐ No

All turbidity readings < IFE² triggers?

☒ Yes ☐ No

☒ Yes ☐ No

Notes:

PRINTED NAME: Chad Marshall

SIGNATURE:

PHONE #: (541) 754-1758

Date: 09/03/2025

Cert #: T-08843

¹ Including continuous turbidity data, if applicable, for optimization recording purposes. Compliance values in columns "12 AM" through "8 PM" may not correspond to continuous readings' maximum.

² IFE = Individual Filter Effluent (OAR 333-061-0040 (1) (e) (B&C))

OHA - Drinking Water Program - Surface Water Quality Data Form

Corvallis, City of ID#: 41 00225 WTP-: WTP - B

Month/Year: Aug / 2025

Required
Log Inactivation: 0.5

Date	Time	Minimum Cl ₂ Residual at 1st User (C)	Contact Time	Actual CT	Temp	pH	Required CT	CT Met?	Peak Hourly Demand Flow
		[ppm or mg/L]	[minutes]	C X T	[°C]		Use Tables	Yes / No	[GPM]
01	0200	1.21	36	44	18	7.1	16	Yes	1,736
02	1100	1.18	36	42	19	7.1	15	Yes	1,736
03	0200	1.24	36	45	19	7.1	16	Yes	1,736
04	1100	1.16	36	42	18	7.1	15	Yes	1,736
05	0100	1.24	36	45	18	7.1	16	Yes	1,736
06	1000	1.23	36	44	18	7.1	16	Yes	1,736
07	1100	1.20	36	43	18	7.2	15	Yes	1,736
08	0300	1.13	36	41	18	7.1	15	Yes	1,736
09	1200	1.20	36	43	18	7.1	15	Yes	1,736
10	0100	1.25	36	45	19	7.1	16	Yes	1,667
11	0400	1.22	36	44	19	7.1	16	Yes	1,667
12	1300	1.12	36	40	19	7.1	15	Yes	1,736
13	0600	1.14	36	41	20	7.2	12	Yes	1,806
14	0200	1.20	36	43	20	7.2	12	Yes	1,736
15	0600	1.15	36	41	20	7.2	12	Yes	1,736
16	0200	1.20	36	43	20	7.3	12	Yes	1,736
17	1200	1.18	36	42	19	7.2	15	Yes	1,736
18	0200	1.30	36	47	19	7.3	16	Yes	1,667
19	1000	1.23	36	44	19	7.3	16	Yes	1,736
20	0200	1.23	36	44	19	7.2	16	Yes	1,667
21	0500	1.24	36	45	19	7.2	16	Yes	1,667
22	0800	1.22	36	44	19	7.2	16	Yes	1,667
23	0300	1.23	36	44	20	7.2	12	Yes	1,667
24	1200	1.21	36	44	20	7.2	12	Yes	1,667
25	0000	1.27	36	46	20	7.3	12	Yes	1,667
26	1100	1.20	36	43	20	7.3	12	Yes	1,597
27	0000	1.26	36	45	20	7.3	12	Yes	1,597
28	1100	1.15	36	41	20	7.3	12	Yes	1,667
29	1200	1.16	36	42	20	7.3	12	Yes	1,597
30	0400	1.23	36	44	20	7.3	12	Yes	1,597
31	0200	1.28	36	46	20	7.3	12	Yes	1,597

"³ If Cl₂ at entry point < 0.2 mg/l, OR CT not met, notify DWP by next business day.

Download form at: www.public.health.oregon.gov/HealthyEnvironments/DrinkingWater/Monitoring/Documents/turb-conv-direct.pdf